



## PRODUCT HANDLING AGREEMENT AND INSTRUCTIONS

Wine & Spirits Wholesalers of America 77<sup>th</sup> Annual Convention & Exposition  
Caesar's Palace, Las Vegas, NV | April 20 –23, 2020

### **Breakthru Beverage Nevada must receive all paperwork, payment and product by Friday, March 20, 2020**

Breakthru can only deliver consumable product to the venue dock and cannot be held responsible for delivery to exhibitor locations. Suppliers must make arrangements with the show services for any refrigerated storage requirements, for delivery to the exhibitor booth locations and for all POS and/or display material shipments.

#### **Breakthru Beverage Nevada contact information:**

**Bart Masi, Director of External Affairs**

Office: (702) 699-8833

Email: [nvtradeshows@breakthrubev.com](mailto:nvtradeshows@breakthrubev.com)

#### **Supplier Requirements:**

- Supplier will be responsible for all import and customs clearance.
- Supplier will send product to Breakthru Beverage **after** paperwork and payment has been submitted; product must be received by Breakthru by Friday, March 20, 2020 to guarantee delivery to the WSWA Convention & Exposition at Caesar's Palace.
- Supplier is responsible for all unused product at the close of the show; **Breakthru Beverage will not be responsible for picking up, handling, shipping or returning unused product.**

#### **Mandatory paperwork to be submitted to Breakthru Beverage Nevada prior to receipt of product:**

All required forms are included in the Exhibitor Service Manual

- General Release of Liability
- Supplier Tax Information Sheet (please list all products being shipped)
- Nevada Department of Taxation LT08-Liquor Wholesaler Designation & Acceptance Form
- Nevada Department of Taxation LT01-Certificate of Compliance – If you already have a NV Certificate of Compliance, please submit a copy of the certificate along with your paperwork. If you do not have a certificate, please complete the LT01 application as soon as possible. **The supplier is responsible for mailing the LT01 application and \$50 check directly to the State of Nevada.**



### Billing Information:

Supplier will be invoiced for handling and delivery (per the scale below) in addition to all state taxes. An invoice and credit card authorization form will be emailed to the supplier once all paperwork has been received. Payment by credit card must be made prior to shipping your Breakthru Beverage.

- 1 to 5 cases - \$25 per case
- 6 to 30 cases – flat fee of \$500
- 31+ cases – flat fee of \$1,000

### Shipping Information:

- All products must be received by **Friday, March 20, 2020**. Delivery by Breakthru Beverage Nevada to the WSWA Convention & Exposition cannot be guaranteed for any product that is received after March 20<sup>th</sup>, and a late fee of \$500 may apply.
- COD or damaged goods will NOT be accepted; Breakthru Beverage will not pay any shipping charges on behalf of the supplier.
- Only full cases will be accepted; full pallets must be shrink-wrapped.
- All cases **MUST** be tagged with the appropriate WSWA destination label (found in the Exhibitor Service Manual) prior to shipping to Breakthru Beverage. If the supplier uses a courier that does not allow pre-labeling, then the supplier must include completed labels under separate cover with the shipment.
- Ship product to:

Breakthru Beverage Nevada  
1849 West Cheyenne Avenue  
North Las Vegas, NV 89032  
**ATTN: Chris Lawrence**

No refunds will be issued for handling or delivery fees.

*Please note:* Failure to comply with any of the above requirements can result in product not being delivered to the show. It will be your responsibility to make other arrangements.



**GENERAL RELEASE**

I, \_\_\_\_\_, of \_\_\_\_\_  
*[Print name]* *[Supplier]*

At \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
*[Address]* *[City]* *[State]* *[Zip]*

do now release, acquit, and forever discharge Breakthru Beverage Group and Breakthru Beverage Nevada from all actions, claims, demands, or damages accruing to: \_\_\_\_\_  
*[Supplier]*

resulting from any known or unknown loss or damage sustained in the handling and transporting of product shipped to Breakthru Beverage Nevada for transfer to:

**Wine & Spirits Wholesalers of America 77<sup>th</sup> Annual Convention & Exposition at Caesars Palace  
Paperwork, payment and delivery of product to Breakthru Beverage Nevada must be  
completed no later than Friday, March 20, 2020**

I, \_\_\_\_\_, have read and I agree to the Supplier Agreement and Instructions.  
*[Supplier Signature]*

**Breakthru Beverage Nevada**

1849 W. Cheyenne Avenue - North Las Vegas, NV 89032

Office 735-9141 x5865 Fax (702) 699-8871

**NEVADA DEPARTMENT OF TAXATION**  
**1550 E. COLLEGE PARKWAY STE. 115**  
**CARSON CITY NV 89706**  
**(775) 684-2125**

**LIQUOR WHOLESALER DESIGNATION AND ACCEPTANCE FORM**

**1. SUPPLIER: Must be the original owner/manufacturer or designated agent (appointment must be attached before submitting this form).**

(Supplier's Firm Name)	(Taxpayer ID Number)
(Mailing Address)	(City, State, Zip Code)

Pursuant to NRS 369.386, the above named supplier hereby appoints \_\_\_\_\_  
(Nevada Importer/Wholesaler, City – One Location Per Form)  
to receive shipments of alcoholic beverages under the following list of brand names:

1. _____	2. _____
3. _____	4. _____

(Attach additional sheets if necessary)

**2.** I have appointed the following person as resident agent in the State of Nevada upon which any service or process or any notice may be served pursuant to NRS 369.430. (May be Nevada Importer/Wholesaler.)

Agent's Name: \_\_\_\_\_

Agent's Address: \_\_\_\_\_

**I certify I will notify the Department of Taxation, Liquor Division, of any changes regarding the above appointments.**

Date: _____	Name in print: _____
Title: _____	Signature: _____

(Supplier)

**PLEASE FORWARD TO NEVADA IMPORTER/WHOLESALER AFTER COMPLETING SUPPLIER PORTION AND ATTACHING ALL REQUIRED DOCUMENTATION**

**3. WHOLESALER:**

\_\_\_\_\_ hereby accepts the appointment from \_\_\_\_\_  
(Importer/Wholesaler)

\_\_\_\_\_ to receive the above listed brands per NRS 369.386.  
(Name of Supplier)

Date: \_\_\_\_\_ Authorized signature: \_\_\_\_\_  
(Nevada Importer/Wholesaler)

**PLEASE COMPLETE AND RETURN TO THE DEPARTMENT OF TAXATION AFTER SUPPLIER AND NEVADA IMPORTER/WHOLESALER HAVE SIGNED**

# INSTRUCTIONS FOR COMPLETING THE LT 08

## LIQUOR WHOLESALER DESIGNATION AND ACCEPTANCE FORM

**A supplier of alcoholic beverages (liquor) must be registered with the Nevada Department of Taxation (Department) and hold a current Certificate of Compliance.**

**A completed and signed Wholesaler Designation and Acceptance form (LT 08) must be filed with the Department prior to shipment of liquor.**

**Sales or shipments of liquor to Nevada may be made only to licensed liquor importer/wholesaler warehouses or bonded free-trade warehouses.**

Please read:

**NRS 369.386 Suppliers of liquor: Conditions for selling to importer; designation of importer and agent.**

1. Except as otherwise provided in [NRS 369.464](#), a supplier of liquor may sell to an importer into this state only if:
  - (a) Their commercial relationship is of definite duration or continuing indefinite duration; and
  - (b) The importer is granted the right to offer, sell and distribute within this state or any designated area thereof such of the supplier's brands of packaged malt beverages, distilled spirits and wines, or all of them, as may be specified.
2. The supplier shall file with the department a written notice indicating the name and address of each designated importer. Each importer shall file with the department a written acceptance of the designation.
3. A brewer, distiller, manufacturer, producer, vintner or bottler of liquor who designates an agent to sell his products to importers into this state shall file with the department a written designation indicating the name and address of the agent, and the agent shall file with the department a written acceptance of the designation.  
(Added to NRS by 1981, 1009; A 1999, [2104](#))

The supplier is to complete sections 1 and 2. A separate form for each wholesaler location is required.

Brands, not labels, must be specified, see 1(b) above.

A resident agent must be appointed pursuant to NRS 369.430, 4(d), and may be the Nevada Liquor Importer/wholesaler.

An officer of the supplier company or corporation must state his/her title, print and sign their name and insert the correct date on each LT 08. If the signature is of anyone other than an officer, an appointing power of attorney must accompany the LT 08, signed by an officer of the supplier company or corporation.

If the supplier company is acting as agent for the original owner/manufacturer, an appointment of the supplier company, on original owner letterhead, signed by an officer must be attached.

An acceptance of the appointment on supplier company letterhead must be attached. See 3 above.

The original LT 08 will be forwarded to the importer/wholesaler(s) for completion and signing of section 3. A copy should be maintained by the wholesaler, and the original mailed to the Department, with original attachments.

Additional Importer/wholesalers or additional brands require additional LT 08 forms.



**NEVADA DEPARTMENT OF TAXATION**  
**1550 COLLEGE PARKWAY STE. 115**  
**CARSON CITY NV 89706**  
**(775) 684-2125 or (775) 684-2126**

**APPLICATION FOR CERTIFICATE OF COMPLIANCE**

**SUBMIT \$50.00 FEE IN US FUNDS FOR CURRENT FISCAL YEAR JULY 1 TO JUNE 30**

**A COPY OF FEDERAL BASIC PERMIT OR BREWERS NOTICE MUST BE SUBMITTED WITH THIS APPLICATION**

<b>1</b>	<b>Name of Company:</b>	<b>Phone No:</b>
<b>2</b>	<b>DBA, if any:</b>	<b>Fax No:</b>
<b>3</b>	<b>Address from where the Liquor Ships:</b>	<b>Zip Code:</b>
<b>4</b>	<b>Business Address:</b>	<b>Zip Code:</b>
<b>5</b>	<b>Mailing Address:</b>	<b>Zip Code:</b>
<b>6</b>	<b>Email Address:</b>	<b>7 FEIN No:</b>

The above named hereby applies to the Department of Taxation for a Certificate of Compliance, pursuant to Nevada Revised Statutes, Chapter 369.430.

<b>8</b>	<b>Application is being submitted for:</b> <input type="checkbox"/> New Business <input type="checkbox"/> Change in Name or Location <input type="checkbox"/> Additional Location
<b>9</b>	<b>Applicant will be selling to:</b> <input type="checkbox"/> Nevada wholesalers <input type="checkbox"/> Directly to Nevada consumers
<b>10</b>	<b>Business Entity Type:</b> <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Individual <input type="checkbox"/> Other:
<b>11</b>	<b>List Owners, Officers, Members or Partners. Attach additional sheets if needed:</b>  _____

<b>12</b>	<b>Business is Operating as a:</b> <input type="checkbox"/> Importer <input type="checkbox"/> Brewer <input type="checkbox"/> Distiller <input type="checkbox"/> Manufacturer <input type="checkbox"/> Producer <input type="checkbox"/> Vintner <input type="checkbox"/> Bottler of Liquor <input type="checkbox"/> Rectifier <input type="checkbox"/> Or the designated agent of one of these (copy of designation attached)
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<b>13</b>	<b><u>APPLICANT REQUIREMENTS IF GRANTED A CERTIFICATE OF COMPLIANCE:</u></b> (1) Must faithfully comply with all laws of the State of Nevada pertaining to the sale and shipping of liquors into Nevada and to comply with all rules and regulations of the Department of Taxation; (2) submit a completed LT 08 for each designated Importer/Wholesaler; (3) submit to the Department a LTD 04, on or before the 10th of each month, if shipping directly to Nevada licensed Importer/Wholesaler (4) submit to the Department a LIQ- STC tax return, on or before the 20 <sup>th</sup> of the month, only after shipping directly to a Nevada consumer.
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**The Department may contact you regarding possible additional licensing requirements.**

<b>14</b>	<b>APPLICANT'S AFFIRMATION: I declare under penalty of perjury that the information provided is true, correct and complete to the best of my knowledge and belief and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing. In addition, I have read NRS 369 and understand that I am expected to comply with Nevada liquor laws and all federal laws. Noncompliance will result in revocation of my Nevada certificate of compliance liquor license.</b>
	Signature of Responsible Party: Name: Title:
	<b>15</b> Date:

<b>16</b>	<b>Authorized Agent (Compliance Company) – Attach Power of Attorney with application to be authorized.</b>
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**For Department Use Only:** Application Approved:  Yes  No

Date: \_\_\_\_\_ Initial: \_\_\_\_\_ PM Date: \_\_\_\_\_ Amt: \_\_\_\_\_ Ck No: \_\_\_\_\_

## **CERTIFICATE OF COMPLIANCE APPLICATION INSTRUCTIONS**

**Supplier/Certificate of Compliance Holder** – (NRS 369.430) The first person having ownership of alcohol in the United States, holding a valid certificate of compliance to ship to Nevada importers, and/or directly to Nevada consumers.

**Limitations on engaging in business of importing, wholesaling or retailing alcoholic beverages** – (NRS 597.210) A supplier shall not engage in the business of importing, wholesaling or retailing alcoholic beverages.

- 1. Name of Company:** Enter the name as registered on the State Business License.
- 2. DBA:** Enter the name as it will be known to the public. The name you will be doing business as. A trade name listed on your TTB permit can also be used.
- 3. Address from where the Liquor Ships:** Enter liquor shipping address. If the address is different than what is listed on your Federal Basic Permit issued by the TTB (Alcohol and Tobacco Tax and Trade Bureau), please contact the Department of Taxation for an additional form that will need to be submitted.
- 4. Business Address:** Enter in the complete company address.
- 5. Mailing Address:** This address will be used by the Department to mail licenses, renewals and correspondence.
- 6. Email Address:** Enter Email (Internet) Address Information.
- 7. FEIN:** Enter the Federal Tax Identification Number for this business. For information regarding a FEIN, contact the Internal Revenue Service at 1-800-829-4933 or go to <http://IRS.gov/businesses>. If you have applied for your number and have not received it, write “PENDING”. If your FEIN changes, you must complete a new Application.
- 8. Application is being submitted for:** Check if you are applying for a new business, if the licensed name or location has changed or if adding a new location. Please note: Any changes to your name or location must be reflected on your federal basic permit.
- 9. Applicant will be selling to:** Check the boxes that apply. You may check both boxes if both apply, if applicable by statute.
- 10. Business Entity Type:** Indicate entity type as filed on your State Business License.
- 11. List Owners, Officers, Members, Partners, etc.:** Include the full name and title of each owner, officers, members, partners, etc. for the business.
- 12. Business is Operating as a:** Indicate the type of business that the company will be operating as in Nevada.
- 13. Applicant Requirements:** (1) Comply with Taxation rules and regulations; (2) file a Designation and Acceptance form (LT 08) filled out by the supplier, accepted by signature of the Importer/Wholesaler, and returned to the Department’s Carson City office prior to shipping to Nevada; (3) file a Report of Shipment (LTD 04) on or before the 10<sup>th</sup> of each month, only if shipping to Nevada Licensed Importers/Wholesalers; (4) file a LIQ- STC Tax Return with corresponding invoices on or before the 20<sup>th</sup> of the month, only for months that you shipped directly to Nevada consumers.
- 14. Applicant’s Affirmation (required):** Legal signatures include sole proprietor- owner, corporate officer, managing member, partner or power of attorney holder (must be attached). By signing the application you are making a declaration the information provided is correct and you have read and understand NRS 369.
- 15. Date:** Date the document was signed by responsible party.
- 16. Authorized Agent:** Any authorized agent, such as a compliance company, must attach a Power of Attorney from the business to be registered in order to be authorized on the account.

**Submit completed application with \$50 license fee, a copy of your federal basic permit or brewers notice and, if applicable, a power of attorney to the Carson City address.**